Date: Time: Classroom Teacher: _____ Student's Name: Person Reporting: **Brief Description of Incident:** Location: Structured Activity Area Play Playground Hallway Bathroom Transition Other____ **Problem Behavior:** Inappropriate Language Defiance Disruption Property destruction Physical Contact Tantruming Other: Teacher Decision: Redirection Practice of skill **Motivation:** Reteaching of rule/routine Behavior choice given Peer Attention Adult Attention Loss of privilege Thinking Chair Safe Seat Obtain Items/Activities Avoid Work Conference w/ student Other: Avoid Peers Other: _____ Teacher Signature: Date: This Behavior Flag has been sent home for parent information Yes No **Behavior Flag** Early Childhood Program Columbia Public Schools Date: _____ Time: ____ Classroom Teacher: ____ Student's Name: Person Reporting: _____ **Location: Brief Description of Incident:** Structured Activity Area Play Playground Hallway Bathroom Transition Other **Problem Behavior:** Inappropriate Language Defiance Disruption Property destruction Physical Contact Tantruming Other: **Motivation: Teacher Decision:** Redirection Practice of skill Peer Attention Adult Attention Reteaching of rule/routine Behavior choice given Obtain Items/Activities Avoid Work Loss of privilege Thinking Chair Safe Seat Avoid Peers Other: _____ Conference w/ student Other:_____ Teacher Signature: Date: This Behavior Flag has been sent home for parent information __Yes __No

Behavior FlagEarly Childhood Program Columbia Public Schools